

Malpractice Premium Comparison Survey Form
FORM MMPCS - last modified August, 2005

USE THE APPROPRIATE FORM BELOW - IF NOT APPLICABLE, LEAVE BLANK

NAIC Number: 33391
 Company Name: The Medical Assurance Company, Inc.
 Contact Person: LaQuita Goodwin
 Telephone No.: (205)802-4426
 Email Address: Lgoodwin@proassurance.com
 Effective Date: 1-Jun-06

Submit to: Arkansas Insurance Department
 1200 West Third Street
 Little Rock, AR 72201-1904
 Telephone: 501-371-2800
 Email as an attachment to insurance.pnc@arkansas.gov
 You may also attach to a SERFF filing or submit on a cdr disk

		<u>Physicians</u>				
		Hospital			Clinic	Private
Base Rate	At \$1M/\$3M	\$	1,855		\$	\$
Discounts and Surcharges						
Emergency Room			%			%
Surgery			%			%
Delivery			%			%
Claims Free			%			%
Over 5 years Experience			%			%
Other:	Risk Mgt Disc	up to 20	%			%
	Exp Mod (Surch) Disc	(100%) to 50	%			%

		<u>Dental</u>				
		Dentist			Orthodontist	Oral Surgeons
Base Rate	At 100,000/300,000	\$			\$	\$
Discounts and Surcharges						
Claims Free			%			%
5 years Experience			%			%
Surgery			%			%
Other:			%			%